

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/579881

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		4		1		
6		(1)		1		
7	1		1			
8		1		1		
9		1		1		
10		1		1		
11		(1)		1		
12		(1)		1		
13		(2)		1		
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15		(2)		1		
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18		(2)		1		
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30		(2)		1		
31		(2)		1		
32		(2)		1		
33		(2)		1		
34	1	(2)	1	(1)		
35		(2)		(1)		
36	1	(2)	1	(1)		
37		(2)		(1)		
38				1		
39				1		
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50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.	←		32	←		←
TOTAL CLAIMS			30			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						